

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 12/11/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  12/10/2013
NAME OF PROVIDER OR SUPPLIER  JEFFERSON CITY HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 283 W BROADWAY BLVD JEFFERSON CITY, TN 37760		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  During the investigation of complaint #32856, conducted during the annual recertification survey on December 8, 2013, through December 10, 2013, no deficiencies were cited in relation to the complaint under 42 CFR Part 482.13, Requirements for Long Term Care.	F 000	This plan of corrections is the center's credible allegation of compliance.  <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth or facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of Federal and State law require it.</i>		
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.  This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, review of facility policy, and interview, the facility failed to develop a bladder retraining program for one (#155) of three residents reviewed for incontinence of thirty-four residents reviewed in Stage II.  The findings included:  Resident #155 was admitted to the facility on August 9, 2013, with diagnoses including Dementia, Lumbago, and Osteoarthritis.  Medical record review of the admission Minimum	F 315	Resident #155 had a urinary continence assessment completed on 12/09/13 by the nurse.  Current residents who have had a change in continence were reviewed for completion of urinary continence assessment by unit manager on 12/13/13. Any identified residents had an assessment completed with implementation of a bladder training program if indicated.  Nurses were re-educated by the Staff Development Coordinator on 12/12/13 regarding completing bladder/urinary continence assessments when a resident has a change in continence.  The DON/Designee will audit for changes in urinary continence and completion of a urinary continence assessment with placement in a trial bladder training program as indicated. Audits will be completed weekly for 4 weeks, twice monthly for 4 weeks and then monthly.	12/14/13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Dolma Vento* *Administrator* *12/24/13*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 60 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 315	Continued From page 1 Data Set (MDS) dated August 19, 2013, revealed the resident was always continent of bladder.  Medical record review of the quarterly MDS dated November 11, 2013, revealed the resident was frequently incontinent of bladder.  Medical record review revealed no documentation the resident had been assessed for a bladder retraining program.  Observation on December 9, 2013, at 1:12 p.m., revealed the resident sitting on the bedside talking with visitors.  Review of the facility's policy Urinary Continence and Incontinence - Assessment & Management revealed "...staff may consider initiating a toileting plan. As appropriate, based on assessing the category and causes of incontinence, the staff will provide scheduled toileting, prompted voiding, or other interventions to try to manage incontinence..."  Interview on December 9, 2013, at 1:35 p.m., with Licensed Practical Nurse (LPN) #1, in the nursing station, confirmed the resident had not been assessed for a bladder retraining program/toileting plan.	F 315	<i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth or facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of Federal and State law require it.</i>  F315 (continued) Audit results will be reviewed monthly in the QA&A meetings with revisions to the plans as needed by the committee.  F441 The brown colored debris has been cleansed from the shower chair in the 300 hall shower room. The dirty linen and personal clothing on the floor has been placed in the clothes hampers. The powder and dried soap on the shower bed with used washcloths has been cleaned and the washcloths placed in the hamper.  All shower rooms were checked for cleanliness of shower chairs/equipment and linen/personal clothing placement in hampers by infection control nurse on 12/11/13.	12/27/13	
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.	F 441	Nursing and housekeeping staff were re-educated by 12/27/13 by the Staff Development Coordinator regarding infection control techniques including cleanliness of shower room equipment, placement of dirty linen in hampers and cleaning of shower beds and shower chairs.		

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F 441	<p>Continued From page 2</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and interview, the facility failed to store dirty linens and provide an environment to prevent the spread of infection for one of five shower rooms.</p> <p>The findings Included:</p>	F 441	<p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth or facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of Federal and State law require it.</i></p> <p>F441 (continued) An audit will be completed regarding infection control techniques for shower rooms by the Staff Development Coordinator. The audit will be completed twice weekly for 2 weeks, then weekly for 2 weeks and then monthly</p> <p>Audit results will be reviewed monthly in the QA&amp;A Committee meeting with revisions to the plan as deemed appropriate by the QA&amp;A Committee.</p>		

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F 441	Continued From page 3  Observation on December 8, 2013, at 9:04 a.m., in the 300 hall shower room, revealed dried, brown colored debris on a shower chair. Further observation revealed dirty linens and personal clothing on the floor and powder and dried soap on a shower bed with used wash cloths.  Review of facility policy, Infection Control, revised May 2011, revealed, "...maintain a safe, sanitary, and comfortable environment...and prevent, detect, investigate, and control infections in the facility..."  Interview with Certified Nursing Assistant (CNA) # 2, on December 8, 2013, at 9:05 a.m., in the 300 hall shower room, confirmed dirty linens had not been contained and the shower room supplies and equipment were not clean.	F 441	<i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth or facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of Federal and State law require it.</i>  F465 The shower bed cushion in the 500 hall shower room was replaced on 12/19/2013.  The shower beds in all shower rooms were checked on 12/09/13 by the maintenance director with replacement of cushion as indicated.  Staff were re-educated 12/11/13 by the Staff Development Coordinator regarding observing for cracks in shower bed cushions and notification of the Administrator as needed for replacement cushions.	12/27/13	
F 465	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON  The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.  This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy, and interview, the facility failed to maintain a cushion on the shower bed for one of five shower rooms observed.  The findings included:  Observation on December 8, 2013, at 11:38 a.m.,	F 465	An audit will be completed by unit managers to monitor the integrity of shower bed cushions. The audit will be completed weekly for 1 month and then monthly.  Audit results will be reviewed monthly in the QA&A Committee meeting with revision to the plan as deemed appropriate by the QA&A Committee.		

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F 465	<p>Continued From page 4</p> <p>in the 500 hall shower room, revealed a shower bed cushion with fifteen cracks in the protective cover with exposure of the foam interior.</p> <p>Review of facility policy, Infection Control, revised May 2011, revealed, "...maintain a safe, sanitary, and comfortable environment...and prevent, detect, investigate, and control infections in the facility..."</p> <p>Interview with Certified Nursing Assistant (CNA) #1 on December 8, 2013, at 11:40 a.m., in the 500 shower room, confirmed fifteen open areas in the shower bed with exposure of the foam interior.</p> <p>Interview with the Charge Nurse for the 500 and 600 halls, on December 9, 2013, at 1:40 p.m., in the 500 shower room, confirmed the facility failed to maintain an intact cushion on the shower bed.</p>	F 465	<p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth or facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of Federal and State law require it.</i></p>		